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TO: Commissioner for Patents
Attn: Examiner J. Wilson
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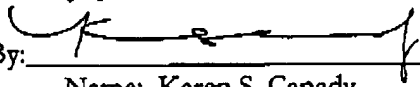
FROM: Karen S. Canady
OUR REF.: G&C 30794.30-US-WO
TELEPHONE: (310) 642-4148

Total pages, including cover letter: 23**PTO FAX NUMBER:** (703) 872-9306


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Title of Document Transmitted:	AMENDMENT UNDER 37 C.F.R. 1.111, PETITION FOR EXTENSION OF TIME, SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT, PTO FORM-1449, CITED REFERENCE, PTO-2038 CREDIT CARD FORMS IN THE AMOUNTS OF \$200 (EXT FEE) AND \$180 (IDS FEE)
Applicant:	Norbert O. Reich et al.
Serial No.:	09/485,071
Filed:	February 3, 2000
Group Art Unit:	1623
Our Ref. No.:	G&C 30794.30-US-WO

Please charge any additional fees or credit any overpayment to 50-0494 of Gates & Cooper LLP.

By: 
Name: Karen S. Canady
Reg. No.: 39,927

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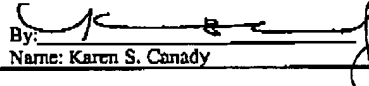
Due Date: February 17, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norbert O. Reich et al. Examiner: J. Wilson
 Serial No.: 09/485,071 Group Art Unit: 1623
 Filed: February 3, 2000 Docket: G&C 30794.30-US-WO
 Title: MODULATORS OF DNA CYTOSINE-5 METHYLTRANSFERASE AND METHODS FOR USE THEREOF

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on February 15, 2002.

By: 
 Name: Karen S. Canady

BOX NON-FEE AMENDMENT

Commissioner for Patents
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Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- ☒ Amendment Under 37 C.F.R. §1.111.
- ☒ Petition for Extension of Time under 37 C.F.R. 1.136 for 2 months.
- ☒ Supplemental Information Disclosure Statement and PTO Form 1449.
- ☒ Cited Reference.
- ☒ PTO-2038 Credit Card Form in the amount of \$180.00 for Supplemental Information Disclosure Fee.
- ☒ PTO-2038 Credit Card Form in the amount of \$200.00 for the Extension Fee is enclosed herewith.

CLAIMS PRESENT


Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
23	25	0	x \$9.00	= \$0.00
Independent Claims				
3	4	0	x \$42.00	= \$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$0.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

Please charge any additional fees or credit any overpayment to Deposit Account No. 50-0494 of Gates & Cooper LLP. A duplicate of this paper is enclosed.

CUSTOMER NUMBER 22462.

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By: 
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